

COVA CARE MONTHLY PREMIUMS

| | One Person | Two Persons | Three Or More |
|---|--------------|--------------|---------------|
| COVA Care Health Plan Basic Plan – No Options <i>Total Premium</i> | \$298 | \$552 | \$805 |

Additional Coverage Options

You may elect additional coverage. Select *one* from Options A through E.

| | One Person | Two Persons | Three Or More |
|--|--------------|--------------|---------------|
| A COVA Care With Out-of-Network <i>Total Premium</i> | \$305 | \$561 | \$816 |
| B COVA Care With Expanded Dental <i>Total Premium</i> | \$307 | \$569 | \$831 |
| C COVA Care With Vision, Hearing and Expanded Dental <i>Total Premium</i> | \$313 | \$580 | \$846 |
| D COVA Care With Out-of-Network and Expanded Dental <i>Total Premium</i> | \$314 | \$578 | \$843 |
| E COVA Care With Out-of-Network and Vision, Hearing and Expanded Dental <i>Total Premium</i> | \$320 | \$590 | \$857 |

KAISER PERMANENTE MONTHLY PREMIUMS

| | One Person | Two Persons | Three Or More |
|---|--------------|--------------|---------------|
| Kaiser Permanente HMO <i>Total Premium</i> | \$297 | \$549 | \$802 |